

SAN DIEGO POLICE DEPARTMENT PERMITS AND LICENSING

1400 'E' Street M.S. 735 San Diego, CA 92101

FIREARM DEALER PERMIT-RENEWAL

In order to renew your local regulatory permit please submit the following items:

- Firearm Dealer Application (see attached- Employee Supplemental and Employee Supplemental 2)
- Regulatory Fee in the amount of \$660.00 made payable to the **City Treasurer**.
- □ Copy of valid Business Tax Certificate (619) 615-1500.
- □ Copy of valid State Certificate of Eligibility (916) 227-2334.
- Copy of California Department of Justice Centralized List.
- □ Copy of valid Federal Firearms License (619) 446-0740.
- Copy of your **current** lease/rental agreement from your landlord or property title.
- Copy of your current Articles of Incorporation and the most recent statement of information.
- Copy of valid State Secondhand Dealers/Pawnbroker License, if applicable. A secondhand dealers/pawnbroker license is required if you buy, sell, trade, or consign any secondhand guns (619) 531-2437.
- Copies of any special permits issued by the Department of Justice (916) 227-3694.

EMPLOYEES:

Each new employee who handles, delivers, sells, shows or displays firearms is required to submit LIVE SCAN Fingerprints. Secondhand Dealers/Pawnbrokers only - require two separate live scans, one set is for the Department of Justice for the State issued Secondhand Dealer License and the other set is for the San Diego Police Department. Fill out the attached "Request for Live Scan Service" form(s) and bring it with you to a Live Scan agency. See Attached List of locations for each agency. You will then need to forward a copy of the Request Form to SDPD along with your new application.

If your employee(s) have already submitted fingerprints to our office with your previous firearm dealer application the employee does not have to be re-fingerprinted. However, you still need to list your current employee's information on your application. SDMC 33.0304

Each *new employee* shall also provide the San Diego Police Department with a non-refundable Investigative Fee of \$104.00.

- No OUT OF STATE CHECKS will be accepted.
- A criminal record check will be made on each employee.
- There is a 30-day investigation period that starts at the time your application is submitted.

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New Renewal								1
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BUSINESS PHONE			HOME P	HONE				
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OPEN				-				
CLOSED								
APPLICANT WHO IS A CORPORATION OR PARTNERSHIP SHALL DESIGNATE ONE OF ITS OFFICERS OR GENERAL PARTNERS TO ACT AS ITS RESPONSIBLE MANAGING OFFICER. THE RESPONSIBLE MANAGING OFFICER MAY COMPLETE AND SIGN ALL APPLICATIONS ON BEHALF OF THE CORPORATE OFFICERS OR PARTNERS. OWNER CO-OWNER TITLE COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS								
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FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

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FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL □ EMPLOYEE SUPPLEMENTAL DATE **COMPANY EMPLOYEES** NAME (LAST) (FIRST) (M IDDLE) HEIGHT WEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR EYES HOME PHONE MO DY YR DATE OF BIRTH U.S. CITIZEN [] YES [] NO OTHER NAMES USED (Alias-Maiden): VISA # **EXPIRATION** BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here: **CHARGE** DATE CONVICTED LOCATION OF COURT NAME (LAST) (FIRST) (M IDDLE) SSN# HEIGHT WEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR EYES HOME PHONE DATE OF BIRTH MO DY YR U.S. CITIZEN [] YES [] NO OTHER NAMES USED (Alias-Maiden): VISA# **EXPIRATION** BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here:-CHARGE DATE CONVICTED LOCATION OF COURT NAME (LAST) (FIRST) (M IDDLE) SSN# HEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR EYES STATE HOME PHONE DATE OF BIRTH MO DY YR U.S. CITIZEN [] YES [] NO OTHER NAMES USED (Alias-Maiden): VISA# **EXPIRATION** BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here: -**CHARGE** DATE CONVICTED LOCATION OF COURT NAME (LAST) (FIRST) (M IDDLE) SSN# HEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR EYES STATE HOME PHONE DATE OF BIRTH MO DY YR U.S. CITIZEN [] NO [] YES OTHER NAMES USED (Alias-Maiden): VISA# EXPIRATION BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here: CHARGE DATE CONVICTED LOCATION OF COURT Fingerprint records on all new employees? YES \square NO \square Current list of employees submitted? YES \square NO \square

APPLICATION CONT'D COMPANY EMPLOYEES							
NAME (LAST) (FIRST)	(MIDDLE)	SSN #		HEIGHT	WEIGHT		
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an orginal charge, and pleadings of nolo con	ntendere. Expi	inged convictions m	ust be listed per (California Penal Co	ode Section 12034(a)		
If none, initial here:		-					
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APPLICATION AND THAT I AM SUBJECT TO	PROSECUTION	PER 11.0401(B) OF T	HE SAN DIEGO M	UNICIPAL CODE. I	AM AWARE THAT ALL FEES		
ARE NON-REFUNDABLE.							
IT IS THE RESPONSIBILITY OF THE PERMI	T HOLDER TO	RENEW THE PERM	IT NO LATER TI	HAN 10 DAYS AFT	ER THE EXPIRATION DATE.		
FAILURE TO RENEW ON TIME WILL RESULT							
WITH ALL FEES AND PENALTIES PAID WITHIN 30 DAYS AFTER THE PERMIT EXPIRATION DATE, THE PERMIT EXPIRES AND ACTIVITIES ALLOWED BY THE PERMIT MUST CEASE. A PERMITEE MUST THEN BEGIN THE APPLICATION PROCESS AS A NEW APPLICANT (SDMC 33.0308).							
Solve 35.0508).							
I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND							
COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM							
APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS							
REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT							
RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING,							
ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS. I AM AWARE THAT I AM RESPONSIBLE FOR SUBMITTING A SUPPLEMENTAL							
				ISIBLE FOR SUBM	ITTING A SUPPLEMENTAL		
APPLICATION AND FINGERPRINT CARDS I	MMEDIATELY	UPON HIRING NEW	EMPLOYEES.				
A11		APPROVED					
Applicant's Signature	Date	DENIED	Reviewing	Officer	Date		
Fingerprint records on all new employees?	?		Yes [] No []			
Current list of employees submitted?			Yes [

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, responsible persons, managers, or employees may be required to furnish their fingerprints and photographs. Fingerprints must be taken by a governmental agency. The Chief of Police shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA

Chula Vista Police Department
315 Fourth Street
Chula Vista, CA 92010
(619) 409-5954
M - F (8am-12pm) Appointments Only
M - F (1pm-4pm) Appointments Only
www.chulavistapd.org

LA JOLLA

UCSD Police Department 9500 Gilman Dr #0017 La Jolla, CA 92093 (858) 534-4361 **Appointments Only** M - F 9am-3pm

SAN DIEGO

San Diego City Schools Police Services/EOC Bldg 4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 **Appointments**(619) 725-7014 (Information)
T – F (8:30am-1pm) **Walk In**T – F (2pm-4pm) **Appointments Only**Not open to general public on Monday's Closed School Holidays

SAN DIEGO - LSID X54/ML1

San Diego Community College Police 1536 Frazee Road, 1st Floor San Diego, CA 92108 Contact: (619) 388-6416 M-Th (7:30am-5pm) Wlk F (7:30am-12 noon) Wlk E-mail address: dpicou@sdcc.edu

M - F (9:00am-3:30pm) **Appointments Only**

Escondido, CA 92025

Contact: (760) 839-4431

Escondido Police Department

LA MESA La Mesa Police I

ESCONDIDO

700 W Grand Ave

La Mesa Police Department (Storefront) 6119 Lake Murray Blvd La Mesa, CA 91942 (619) 667-1342 M, T, W (10am-4pm) Appointments/Walk In Th, F (9am-3pm) Appointments/Walk In

SAN DIEGO

San Diego State University 5500 Campanile Dr SSE-1410 San Diego, CA 92182 (619) 594-3193 M - F (8am-4pm) **Appointments Only**

REQUEST FOR LIVE SCAN SERVICE BCII 8016 (3/07)

Applicant Submission						
ORI: CA 0371100 Code assigned by DOJ Job Title or Type of License, Certificati	_	Gun Dealer ealer				
Agency Address Set Contributing Agency:						
San Diego Police Department Agency authorized to receive criminal histor P. O. Box 121431 MS 735	y information	08228 Mail Code (five-digit code assigned by DOJ) PCCO for Firearm Industry				
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)						
San Diego CA City State	92112-1431 Zip Code	(619) 531–2250 Contact Telephone No.				
Name of Applicant: (Please print) Last		First	MI			
Alias: Last	First	Driver's License No:				
Date of Birth: Sex	x: Male Female	Misc. No. BIL - Applicant to	o Pay			
Height: Weight: _		N.4'				
		8				
		Home Address:				
Eye Color: Hair Color	<i></i>	Street No. St				
Place of Birth:		Olfeel No. O	Street or PO Box			
Tidoc of Birtin		City, State and 2	Zip Code			
Social Security Number:						
Your Number: OCA No. (Agency	Hands in a No.)					
If resubmission, list Original ATI Number:	dentifying No.,	Level of Service: ✓ DOJ	√ FBI			
Employer: (Additional response for agencies s	pecified by statute)					
Not Applicable Employer Name						
Street No. Street or PO Box	Mai	il Code (five digit code assigned by DOJ)				
City State	Zip Code (Age) ency Telephone No. (optional)				
Live Scan Transaction Completed By:	Name of	Operator	Date			
Transmitting Agency	ATI No.	<u> </u>	Amount Collected/Billed			